Diagnosis and Treatment of Growth Hormone Deficiency

Growth retardation may be secondary to a variety of diseases including growth hormone deficiency. This most commonly results from tumor or an idiopathic pituitary defect and may be associated with deficiencies of ACTH, thyroid-stimulating hormone and gonadotropins. Plasma growth hormone is measured by immunoassay techniques. Fasting growth hormone concentrations are normally very low. Therefore stimuli which are known to elicit growth hormone secretion are utilized to unveil deficiency. Subnormal growth hormone responses to hypoglycemia induced by intravenous insulin and to arginine infusion establish the diagnosis. Administration of human pituitary extracts may establish normal growth over periods of several years.

MICHAEL PERLEY, M.D.

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Kaplan SA: Human Growth Hormone. Disease-A-Month. Chicago, The Yearbook Medical Publishers Inc, Dec 1968

Treatment of Hemophilia With Newer Blood Factors

The management of the hemophilic patient has taken great strides in recent years. Fresh frozen plasma remains the agent of choice in the control of minor bleeding and hemarthroses. The introduction of partially purified protein fractions derived from human plasma has facilitated considerably the management of the severe bleeder, as well as providing specific therapy directed toward the particular type of hemophilia. Cryoprecipitates and AHG concentrates are commercially available for use in Factor VIII (AHG) deficiency. Elective operation can now be performed in cases which hitherto had a high mortality. These agents also show promise in the management of hemophiliacs with acquired resistance to plasma infusion. Recently a stable purified prothrombin complex has been introduced which has proven efficacious in the treatment of Factor IX (PTC) deficiency.

GARSON H. TISHKOFF, M.D.

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Hoag MS, Johnson FF, Robinson JA, et al: Treatment of hemophilia B with a new clotting-factor concentrate. New Eng J Med 280:581-586, 1969

Suppression of Rh Sensitization

It is now possible to prevent hemolytic disease of the newborn caused by the principal Rh factor. This prevention is accomplished by the prompt destruction of fetal red cells which normally enter the maternal circulation at delivery and stimulate the mother to produce Rh antibody. This destruction of fetal cells is accomplished by the use of a potent anti-Rh gamma globulin.

WILLIAM M. TODD, M.D.

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Use of Plasma Renin Assays In the Evaluation of Patients With Hypertension

The development of reliable methods for the determination of plasma renin has improved the reliability of diagnosis in two types of curable arterial hypertension. The normal stimulus for renin release is a decreased "effective blood volume." If renin secretion remains high despite plasma expansion with salt and water and the maintenance of bed rest, it is probable that an